COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT

"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE:

August 31, 2016

S. FRASER, COMMANDER FROM:

TO: MYRON R. JOHNSON, CAPTAIN

MAJOR CRIMES BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

SH2358213

Incident:

Hit Shooting

Incident Date:

June 25, 2014

Unit:

Major Crimes Bureau

Suspect(s):

Jaimez, James MH/111984

Involved Employees:

Deputy Jose Arellano # Deputy Arturo Barrera # Deputy Michael Carpenter # Deputy Deputy Deputy Deputy Deputy Ruth Shen # Sergeant Lieutenant Donnie Johnson #

EFRC Date:

August 25, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and Ralph J. Webb met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC made no recommendations.

KSF:TLB:tlb

Los Ageles County Sheriff's Depagnent Officer Involved Shooting

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Report Date: 06/25/2	014		Bureau/Statio	on/Facility: M:	ajor Crime	e Rure	211		Admi	in. Invest,?	V	Hit?	V
Carrier Contract	4-7-4		化龙线	Section Co. No.	Incident In		**************************************	The second					
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	J14-00	044-319	99-011				06/25/	/2014		Time:	17	05 hrs	3
City or Station:	Aı	ople Va	lley, Ca			Nature of Incident: Major Crimes Bureau attempted to arrest a known murder							
Location:			,,										
Bear Valley Roa	d at Ce	entral Av	venue				ect fire	d at depu	ıties. Depi	uties reti	urned	fire, s	triking
					the susp	ect.							
Location Type (check one or more):		Lighting (heck only or	re):	Incident Typ		one or n	iore):	Initiated by	(check or	ily one):	***************************************	
Backyard	- 1	Darkn	ess		Amed P				1	Warrant			
Beach	1	✓ Daylig	ht		✓ Fleeing S				Call Obser				
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Freeway Industrial	[☐ Street	Lights		Gun Tak				Other				
Park	[Weather (circle only or	ie):	Sniper/A				Transaction of the Control of the Co	n Warrant			
Parking Lot		✓ Clear			Startle				☐ Two P	erson Unit			
Residence	- 1	Cloudy	/		Struggle				Prior Activ	ity (check c	only one):	
Rural		Fog Rain			Traffic St				✓ Detect				
School Street	L	L. Kam			Unintenti				1	Transport			
Other:		Distance:) inches to	167 ft	Vehicle F				Other	e Patrol			
Total # of Shots Fired by	Deputy		Shots Fired by		Warrant :								
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RN: 014-00044-3199-011

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			Rollout Information	on		-	
Arrival Date	06/25/2014	Arrival Time 1938	Date Submitted		e of Recommendation		
Employee #	Last Name	Mo	orris	First Name	Patrick	M.I.	Е
Employee #	Last Name	Carr	izosa	First Name	Slade	M.I.	М
Employee #	Last Name	Ca	rter	First Name	Quitman	M.I.	V
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Meth							Тур	e of Injur	γ	***************************************	Boo	ly Pa	rt Injured
(AW) (BC) (BF) (CN) (CR) (CT) (TT) (CE) (CC) (TG) (FR) (FS) (FO) (FL) (OE)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Tec Control Holds:(Team Take Control Holds:(Takedown) Chemical Chemical Agents (OC Spra Chemical Agents (Tear Ga Explosives Firearm (Handgun) Firearm (Rifle) Firearm (Shotgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	ay)	(OV) (OB) (OO) (PK) (PS) (PH) (PP) (RS) (CN) (RH) (HB) (TP) (RE) (SP) (SG) (SB) (ST) (TR) (UC)	Other Weap Personal We Personal We Personal We Personal We Resistance Restraint De Restraint De Restraint De Restraint De	on: Blunt Object on: Other seapon: Feet/Leg: (Kick) seapon: Feet/Leg: (Sweep) seapon (Hand/Arm) seapon (Push) seapon (Other) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Only) vice:REACT Belt		(AB) (BR) (BU) (CP) (CO) (DH) (DI) (DB) (FR) (HB) (LC) (ND) (OD) (PA) (PW) (ST) (ST)	Abrasion Bruise Burn Complain Concussion Death Dislocatio Dog Bite Fractures Gunshot Human Bi Laceration Nerve Dai Organ Da Paralysis Puncture Soft Tissu Sprain/Tw Unconscio	t of Pair on n te ns mage mage wound e Dama ists		(ACK (ARK (BT (CH (EF)))) (ACK (BT (FE)) (GR (HE)) (KE) (KE) (KE) (KE) (KE) (KE) (KE) ((i) At(i) At(i) Ar(i) Ar(i) Ar(i) Ar(i) Ar(i) Ba(i) Ba(i) Ct(i) Ct(i) Ct(i) Ct(i) Find Find Find Find Find Find Find Find	odomen nkle m ack uttocks nest bow ace eet ngers enitals oin and p ernal eees g
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FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S-1	E-1	FH	BR	9				
E-1	S-1	FH	BR	9	Υ	Υ	GS	AD
E-4	S-1	FH	BR	9	Y	Y		
E-6	S-1	FH	SW	9	Υ	Y		
E-8	S-1	FR	CO	23	Y	Y	GS	
S-1	E-9	FH	BR	9				***************************************
E-9	S-1	FH	BR	9	Υ	Y	GS	LE
S-1	W-1	FH	BR	9			AB	NK
E-5	S-1	FH	BR	9	Y	Y		
E-6	S-1	FR	HK	9	Y	Y		***************************************
S-1	E-2	FR	BR	9				
E-7	S-1	FR	SW	9	Y	Y		
E-10	S-1	FR	BR	9	Y	Y		
E-2	S-1	FR	BR	9	Y	Y		

Officer Involved Shooting Involved Employee Information

URN: 014-00044-3199-011

3 of Page Involved Employee Last Name Employee # First Name M.I. E 1 Johnson Donnie R Sex: M Race: Rank: Unit Assignment: Work Assignment (Unit #, Module, etc.): B Lieutenant Major Crimes Bureau D4FL ShiftTime (circle only one): ShiftType (circle only one): Substance Used: Intoxication/Drug Usage? EM PM Day ✓ Regular Overtime Off Duty Hospital Name: Coroner Case # Hospital Admission? Coroner Case? Interviewed? Hrs of sleep prior to shooting: Duty Time (hrs) Other Factors: Clothing (circle only one) Plain Clothes no Vest Raid Jacket w/ Vest Age: Height: Plain Clothes w/ Vest Weight: Uniform no Vest 5-9 180 Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PPC Qualification Date: Laser Training Date: Certified with Weapon Number of Prior Patrol Certification? Certification Unit: Directed Force: Prior Shootings? Shootings Used? Weapons Fired Caliber # Shots Weapons Fired Caliber # Shots 9mm 10 Beretta Brand: Field Training Officer Emp # ast Name First Name M.I. Field Training Officer Emp # First Name ast Name M.I. Employee # Last Name First Name M.I. E 2 Rank: Work Assignment (Unit #, Sergeant Major Crimes Bureau ShiftTime (circle only one) ShiftType (circle only one Substance Used: Intoxication/Drug Usage? PM Regular Overtime Coroner Case # Hospital Name: Interviewed? Hospital Admission? Coroner Case? Other Factors: Hrs of sleep prior to shooting: Clothing (circle only one) 6-7 Plain Clothes no Vest Raid Jacket w/ Vest Height: Weight: Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Certified with Weapor Number of Prior Directed Force: Patrol Certification Certification Unit: Prior Shootings Shootings Used? Weapons Fired Caliber # Shots Weapons Fired Caliber # Shots 9_{mm} 18 Beretta Brand: Brand: Field Training Officer Emp # ast Name First Name M.I. Field Training Officer Emp # First Name Last Name M.I. Last Name First Name M.I. Employee # E 3 Unit Assignment: Work Assignment (Unit #, Race: Major Crimes Bureau Deputy ShiftType (circle only one) iftTim<u>e (cir</u>cle o<u>nly o</u>ne): Substance Used: Intoxication/Drug Usage? Overtime РΜ Regular Day Hospital Name: Coroner Case # Interviewed? Hospital Admission? Coroner Case? Hrs of sleep prior to shooting: Duty Tim Other Factors: Clothing (circle only one) Plain Clothes no Vest Raid Jacket w/ Vest Age: Height: Weight: Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PC Qualification Date Laser Training Date: Certified with Weapo Number of Prior Prior Shootings Directed Force: Patrol Certification? Certification Unit: Used? Shootings: Weapons Fired Weapons Fired # Shots Caliber # Shots Caliber H&K MP 5 5 9_{mm} Brand: Field Training Officer Emp ast Name First Name M.I. Field Training Officer Emp ast Name First Name MI

Officer Involved Shooting Involved Employee Information

URN: 014-00044-3199-011

4 of 9 Page **Involved Employee** Last Name Employee a First Name M.I. E 4 Barrera Arturo Sex: M Unit Assignment: Major Crimes Bureau Work Assignment (Unit #, Module, etc.): D4H2 Race Rank Deputy ShiftTime (circle only one): ShiftType (circle only one). Substance Used: Intoxication/Drug Usage? ☐EM ☐PM 🗸 Day Regular Overtime Off Duty Coroner Case # Hospital Name Hospital Admission? Interviewed? Coroner Case? Hrs of sleep prior to shooting Duty Time /hrs Other Factors: Clothing (circle only one): Plain Clothes no Vest Raid Jacket w/ Vest Age: Height: Weight: Plain Clothes w/ Vest Uniform no Vest 5-7 210 Uniform w/ Vest Raid Jacket no Vest Range Qualification Date: PPC Qualification Date: Laser Training Date: Certified with Weapor Number of Prior Directed Force: Patrol Certification? Certification Unit: Prior Shootings? Shootings Used? Weapons Fired Caliber # Shots Weapons Fired Caliber # Shots 3 Beretta Brand: Field Training Officer Emp # ast Name First Name M.I. Field Training Officer Emp # First Name M.I. ast Name Last Name First Name M.I. Employee # E 5 Shen Ruth Sex: F Unit Assignment: Major Crimes Bureau Rank: Work Assignment (Unit #, Module, etc.): D4G5 Deputy ShiftType (circle only one): Substance Used: ShiftTime (circle only one): Intoxication/Drug Usage? Regular Overtime Off Duty ☐ EM ☐ PM ✓ Day Coroner Case # Hospital Name: Interviewed? Hospital Admission? Coroner Case? Hrs of sleep prior to shooting: Unk Other Factors: Duty Time (hrs Clothing (circle only one) Raid Jacket w/ Vest Plain Clothes no Vest Retired Height: Plain Clothes w/ Vest Uniform no Vest Age: Weight: 5-3 135 Uniform w/ Vest Raid Jacket no Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Certified with Weapor Number of Prior Directed Force: Patrol Certification? Certification Unit: Prior Shootings Shootings: Used? Weapons Fired Caliber # Shots # Shots Weapons Fired Caliber Beretta 9_{mm} 4 Brand: Brand: Field Training Officer Emp# Last Name First Name M.I. First Name Field Training Officer Emp # M.I. Last Name M.I. Last Name First Name Employee # E 6 Work Assignment (Unit #, Module, etc. Unit Assignment Race Major Crimes Bureau Deputy ShiftType (circle only one) Substance Used: ShiftTime (circle only one): Intoxication/Drug Usage? ΡМ Day Regular Overtime Hospital Name: Coroner Case # Interviewed? Hospital Admission? Coroner Case? Hrs of sleep prior to shooting: Duty Tin Other Factors: Clothing (circle only one) 6-8 Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Age: Weight: Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PC Qualification Date Laser Training Date: Certified with Weapor Number of Prior Patrol Certification? Prior Shootings Directed Force: Certification Unit Shootings: Used? Caliber # Shots Weapons Fired Caliber # Shots S/W M&P 9_{mm} 18 Brand: M.I. Field Training Officer Emp ast Name First Name Field Training Officer Emp # ast Name First Name M.I.

Officer Involved Shooting

Involved Employee Information

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URN:

					-	Page 5 of 9
		4.58	Involved	Employee		
E_7	Employee #	Last Name			First Name	M.I.
	Sex: Race:	Rank: Deputy	Unit Assignment Major Crin	nes Bureau	Work Assignment (Unit #, M	odule etc.):
	ShiftTime (circle only one): M PM Day	ShiftType (circle only one): Regular Overtime	ff Duty Intoxication/Drug	Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case?		Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting 2	Duty Time (hrs): C	lothing (circle only one): Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest		
	Range Qualification Date:	P	PC Qualification Date:		Laser Training Date	
	Certified with Weapon Used?		Certification Unit:	Prior Shooti	Shootings:	
	Weapons Fired Brand: S/W I			Neapons Fired Brand:	Calib	
	Field Training Officer Emp #	Last Name			First Name	M.I.
	Field Training Officer Emp #	Last Name			First Name	M.I.
E 8	Employee #	Last Name	Carpenter		First Name	M.I. Nichael
	Sex: M Race: W	Rank:	Unit Assignment:		Work Assignment (Unit #, Mo	odule, etc.):
- 1	ShiftTime (circle only one):	Deputy ShiftType (circle only one):	Major Crin	nes Bureau	Substance Used:	04F23
		Regular Overtime Of	ff Duty Intoxication/Drug	Usage?	Substance Oseu.	
	Hospital Admission?	Hospital Name:	Coroner Case?		Coroner Case #	Interviewed? ✓
	Hrs of sleep prior to shooting: 5	Duty Time (hrs): CI	othing (circle only one): Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	6-2 Weight: 250	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest		
- [Range Qualification Date:	P	PC Qualification Date:		Laser Training Date	
	Certified with Weapor Used?	Patrol Certification?	Certification Unit:	Prior Shoo	tings? Number of Pric	1
	Weapons Fired Brand: Colt	M4 ^{Caliber} .223		Neapons Fired Brand:	Calibe	
	Field Training Officer Emp #	Last Name			First Name	M.I.
	Field Training Officer Emp #	Last Name			First Name	M.I.
E 9	Employee #	Last Name			First Name	M.I.
	Sex: Race:	Rank: Deputy	Unit Assignment: Major Crim	nes Bureau	Work Assignment (Unit #, Mo	odule etc.)-
Ì	ShiftTime (<i>circle only one</i>): EMPMDay	ShiftType (circle only one): Regular Overtime Of	f Duty Intoxication/Drug	Usage?	Substance Used:	
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	Range Qualification Date:	Р	PC Qualification Date:		Laser Training Date	
	Certified with Weapon Used?		Certification Unit:	Prior Shoot	Shootings:	
	Weapons Fired Brand: Bere	etta ^{Caliber} 9mm		Veapons Fired Brand:	Calibe	
[Field Training Officer Emp #	Last Name			First Name	M.I.
	Field Training Officer Emp #	Last Name			First Name	M.I.

Officer Involved Shooting Involved Employee Information

URN: 014-00044-3199-011

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	E-views #	Last Name		Involve	d Empl	loyee		164				
E 10	Employee #			Arellano			First		Jose		M,	l.
	Sex: M Race: H	Rank: Deputy		Unit Assignme Major Ci		ureau	Work A	ssignment (Un	it #, Module, et D4G1	c.):		
	ShiftTime (circle only one): BM PM Day	ShiftType (circle only one) ✓ Regular ☐ Overtime ☐		Intoxication/D	rug Usage	?	Substa	nce Used:				
	Hospital Admission?	Hospital Name:		Coroner Cas	e? 🗌		Corone	r Case #	-		Interviev	ved? 🗸
	Hrs of sleep prior to shooting Unk	g: Duty Time (hee):		(circle only one) Clothes no Vest		icket w/ Vest	Other F					
	Age: Height:	5-10 Weight: 175	l bisself	Clothes w/ Vest Jacket no Vest		no Vest w/ Vest	Ketti	eu				
	Range Qualification Date:		PPC Qu	alification Date	:			Laser Trainin	g Date:			
	Certified with Weapon Used?	Patrol Certification?	Certific	ation Unit:		Prior Shoot	tings?	Number Shooting		Directe	d Force:	
	Weapons Fired Brand: Ber	etta ^{Caliber} 9m	m #S	hots 5	Weapon Brand:	s Fired			Caliber	# 3	Shots	
	Field Training Officer Emp #	Last Name					First Na	ame			М.	l.
,	Field Training Officer Emp #	Last Name					First Na	ame			М.	I.
				TO THE WAY TO SERVE	THE CONTRACTOR	ps water to the	KNEW TO					
E	Employee #	Last Name					First N	lame			M.I.	
	Sex: Race:	Rank:		Unit Assignme	nt:		Work As	ssignment (Uni	t #, Module, etc	x.):		
	ShiftTime (circle only one):	ShiftType (circle only one): Regular Overtime	Off Duty	Intoxication/Di	rug Usage	?	Substar	nce Used:				
	Hospital Admission?	Hospital Name:		Coroner Case	?		Corone	r Case #		\Box	Interview	/ed?
	Hrs of sleep prior to shooting	: Duty Time (hrs):	_	(<i>circle only one</i>): Clothes no Vest		cket w/ Vest	Other F	actors:				
	Age: Height:	Weight:	Plain	Clothes w/ Vest Jacket no Vest	Uniform	no Vest w/ Vest						
	Range Qualification Date:		PPC Qu	alification Date:				Laser Trainin	g Date:			
	Certified with Weapon Used?	Patrol Certification?	Certifica	ation Unit:		Prior Shoo	otings?	Number Shooting		Directe	ed Force:	
	Weapons Fired Brand:	Caliber	# S	hots	Weapon Brand:	s Fired			Caliber	# 5	Shots	
	Field Training Officer Emp #						First Na				M.I	
	Field Training Officer Emp #	Last Name					First Na	ame			M.I	
E	Employee #	Last Name					First N	lame			M.I.	
	Sex: Race:	Rank:		Unit Assignme	nt:		Work As	signment (Uni	t #, Module, etc	:.):		
	ShiftTime (circle only one):	ShiftType (circle only one):		Intoxication/Dr	ug Usage	?	Substan	ce Used;				
	Hospital Admission?	Hospital Name:	-	Coroner Case	?		Coroner	Case #			Interview	ed?
ĺ	Hrs of sleep prior to shooting	: Duty Time (hrs):		(circle only one): Clothes no Vest		cket w/ Vest	Other Fa	actors:				
	Age: Height:	Weight:	Plain	Clothes w/ Vest	Uniform	no Vest w/ Vest						
Ì	Range Qualification Date:			alification Date:				Laser Training	j Date:			
	Certified with Weapon Used?	Patrol Certification?	Certifica	ition Unit:		Prior Shoo	otings?	Number Shooting		Directe	d Force:	
	Weapons Fired Brand:	Caliber	# SI	nots	Weapon: Brand:	s Fired			Caliber	# 5	Shots	
	Field Training Officer Emp #	Last Name					First Na	me			M.I	
	Field Training Officer Emp #	Last Name					First Na	me			M.I.	

Officer Involved Shooting Suspect Information

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014-00044-3199-011

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s 1	Last Name	Jaimez		First Name		James	M.I. W
***************************************	AKA Last Name	Jay		First Name		territoria de la companya de la comp	M.I.
	Sex: M Race: H	Street Address		City		······································	State & Zin Codo:
	Work Phone:	Home Phone:	Social Sec	cuite de		Driver's Licens	
	Age: 29 D.O.B. 11/19/1984	Height: 5-11 Weight: 200	FBI#			CII#	фин о на постана на по
	Booking #	Primary Charge: 187 P	.C.	Secondary C	harge:		
	Coroner Case?	Coroner Case # 701404843		Intoxication/Drug Usage?	V	Substance Used: Methampi	netamine
	Armed? ✓	Apprehended?		Mental Illness?		Criminal History?	
	∨ehicle Make Model: Nissan Titan 2006	Year:	Paro	le: Proba	ition:	Prior Felony	Conviction:
s	Last Name			First Name			M.I.
	AKA Last Name	**************************************	First Name			M.I.	
	Sex: Race:	Street Address:		City			State & Zip Code:
	Work Phone:	Home Phone:	curity #:		Driver's License #:		
	Age: D.O.B.	Height: Weight;	FBI#			CII #	
	Booking #	Primary Charge:		Secondary C	harge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?		Substance Used:	
	Armed?	Apprehended?		Mental Illness?		Criminal History?	
	Vehicle Make Model:	Year:	Parol	e: Probat	tion:	Prior Felony (Conviction:
					tion.	Thorrelony (
s	Last Name			First Name	uon.	Thorreson, C	M.1.
s	Last Name AKA Last Name						
S		Street Address:		First Name	uon.		M.I.
S	AKA Last Name	Street Address: Home Phone:	Social Secu	First Name First Name City	uon.		M.I.
S	AKA Last Name Sex: Race:			First Name First Name City	tion.		M.I.
S	AKA Last Name Sex: Race: Work Phone:	Home Phone:	Social Secu	First Name First Name City		Driver's License #:	M.I.
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Home Phone: Height: Weight:	Social Secu	First Name First Name City urity #:		Driver's License #:	M.I.
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SUPPLEMEN AL NON-EMPLOYED VITNESSES Los Angeles County Sheriff's Department

Page 8 of 9 Non-Employee Witnesses Last Name First Name M.I. Street Address Nork Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Last Name M.I. Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Zip <u>Code</u> Street Address Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Last Name Street Address Zip Code Work Ph Home Ph Last Name First Name Home Ph Street Address Zip Code Work Ph Last Name First Name Zip Code Street Address Work Ph M.I. First Name Last Name Zip Code Work Ph Street Address Home Ph Last Name First Name Work Ph Home Ph Street Address Zip Code M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph

SUPPLEM NTAL EMPLOYEE W NESSES Los Angeles County Sheriff's Department

Page 9 of 9

Employee Witi	nesses			
Last Name Street Address	Luther	First Name	Michael	M.I.
ou oot Audress	3235 Lakewood Blvd, Long Beach	Zip Code 90808	Work Ph 526-421-2701	Home Ph
Last Name	Haughey	First Name	John	M.I.
Street Address	3235 Lakewood Blvd, Long Beach	Zip Code 90808	Work Ph 562-421-2701	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M,I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
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Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.1.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address	***************************************	Zip Code	Work Ph	Home Ph
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